

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033983

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 53Primary Registration District No. 3010Registrar's No. 394

STATE FILE NUMBER

FILED SEP 24 1962

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Cape Girardeau

Length of stay in 1b

5 days

c. FULL NAME OF (IF NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Francis

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Pulaski

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

Mounds

d. STREET  
ADDRESS

209 S. Delaware Ave.

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Joseph

P.

Bailey

4. DATE  
OF DEATH

Month

Day

Year

Sept. 8- 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5-26-1892

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months 3 Days 1

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired section labor

## 10b. KIND OF BUSINESS OR INDUSTRY

I. C. R. R. Co.

## 11. BIRTHPLACE (City and state or country)

Glasgow, Ky.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William T. Bailey

## 13b. MOTHER'S MAIDEN NAME

Lucinda Lyons

## 14. NAME OF HUSBAND OR WIFE

Martha Bailey

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

X Martha Bailey

Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

acute coronary occlusion with myocardial infarction  
arteriosclerotic heart diseaseConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Auricular fibrillation

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 8/23/62 to 9/4/62 and last saw him alive on 9/1/62  
Death occurred at 11:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Cape Girardeau, Mo

## 22c. DATE SIGNED

9/1/62

23a. BURIAL, CREMATION,  
REINTERMENT (Specify)

Burial

## 23b. DATE

9-11-62

## 23c. NAME OF CEMETERY OR CREMATORY

Eighty Eight

## 23d. LOCATION (City, town, or county)

Eighty Eight, Ky.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

James T Ryan Mounds, Ill

## 25. DATE RECD. BY LOCAL REG.

9-10-62

## 26. REGISTRAR'S SIGNATURE

James T Ryan

OCT 4 1962

SEP 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James T. Ryan

Licensed Embalmer No. 5931-Illinois

P. O. Address Mounds, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.